



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2497

SERIAL NUMBER 10/605,498	FILING DATE 10/02/2003 RULE	CLASS 514	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. UBC.P-031
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

Martin Gleave, Vancouver, CANADA;

Palma Rocchi, Vancouver, CANADA;

Maxim Signaevsky, Vancouver, CANADA; ELIANA BERALDI, Vancouver, BC, CANADA;

 ** CONTINUING DATA ***** *AMB*

This appln claims benefit of 60/415,859 10/02/2002
 and claims benefit of 60/463,952 04/18/2003

 ** FOREIGN APPLICATIONS ***** *none AMB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 10	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

021121

OPPEDAHL AND LARSON LLP

P O BOX 5068

DILLON , CO

80435-5068

TITLE

Compositions and Methods for Treatment of Prostate and Other Cancers

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED 716	No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.18 Fees (Issue)					
<input type="checkbox"/> Other _____					
<input type="checkbox"/> Credit					
